

# Dental Plus

# Dental Plus Contents

Introduction ..... 87

Enrollment ..... 87

Your Dental Plus Benefits ..... 88

How Dental Plus Works ..... 89

Claim Examples (using Class III procedure claims) ..... 90

Expenses Not Covered ..... 91

How to File a Claim ..... 91

Survivors ..... 91

When Your Coverage Ends..... 91

# Introduction

Keeping your teeth healthy is important not only to you but also to the State Dental Plan. That is why we have added a supplemental dental program, Dental Plus.

Dental Plus provides a higher level of coverage for services covered under the State Dental Plan. It is not an offset program that pays what the State Dental Plan does not. Instead, it covers the *same procedures and services* (except orthodontia) at the *same percentage rate of coverage* as the State Dental Plan, but at a *higher* allowance, or dollar amount, for the charges. In addition, Dental Plus provides this higher level of coverage at affordable rates.

## Enrollment

### Initial Enrollment

If you are an eligible employee of a participating employer, you can enroll yourself and your eligible dependents in Dental Plus within 31 days of the date you are hired by completing a Notice of Election form (NOE). If you begin work on the first working day of the month, your coverage will be effective on that date. Otherwise, coverage begins on the first working day of the month after you begin work. To participate in Dental Plus, you must also be enrolled in the State Dental Plan, and you must carry the same level of coverage, cover the same family members, under both plans.

If you do not enroll when you are hired, you must wait until the next open enrollment period to enroll. Open enrollment is held every other year. The next open enrollment will be in October 2005, and your coverage will be effective on January 1, 2006.

Some changes in your life – such as marriage, birth or adoption of a child and involuntary loss of insurance – may create a “special eligibility situation.” In that case, you have 31 days to make changes in your health and/or dental coverage, including enrolling in Dental Plus.

To enroll, you must complete the required forms, including an NOE. Coverage is not automatic. After you enroll, check your payroll stub to make sure your deductions agree with the benefit level you selected. Your coverage will continue from one year to the next as long as you are a full-time, permanent employee.

Please refer to the State Dental Plan section beginning on page 71 for rules about eligibility, enrollment, special eligibility situations and transferring employees.

# Your Dental Plus Benefits

**Remember:** Some services are not covered. Check expenses not covered on pages 79-82 and page 91 for details.

| Class                          | Services Covered  | Deductible               | Percent Covered  | Maximum Benefit  |
|--------------------------------|---|--------------------------|--|--|
| I<br>Diagnostic and Preventive | Diagnostic and preventive procedures<br>Cleaning and scaling of teeth<br>Fluoride treatment<br>Space maintainers (child)<br>Emergency pain relief<br>X-rays | None                     | Up to 100% of allowance or actual charge (whichever is less) | \$1,500 <sup>1</sup> per person each benefit year combined for Classes I, II and III |
| II<br>Basic Benefits           | Fillings<br>Simple extractions<br>Oral surgery<br>Surgical extractions<br>Preparation of mouth for dentures   | No additional deductible | Up to 80% after State Dental Plan deductible is met          | \$1,500 <sup>1</sup> per person each benefit year combined for Classes I, II and III |
| III<br>Major Benefits          | Onlays<br>Crowns<br>Bridges<br>Dentures<br>Repair of Prosthetic Appliances  | No additional deductible | Up to 50% after State Dental Plan deductible is met          | \$1,500 <sup>1</sup> per person each benefit year combined for Classes I, II and III |
| IV<br>Orthodontia              | <b>Dental Plus does not offer orthodontia benefits</b>  |                          |  |  |

<sup>1</sup>\$1,500 combined benefit of the State Dental Plan and Dental Plus payments.

## Premiums

You pay Dental Plus premiums with no contribution from the state. Active employee premiums are paid on a pre-tax basis through MoneyPlu\$. Dental Plus premiums are **in addition** to State Dental Plan premiums. Dental Plus subscribers are required to carry the same level of coverage that they are enrolled in under the State Dental Plan. The monthly premiums are:

|                   | State Dental Plan | Dental Plus | Total Monthly Premium |
|-------------------|-------------------|-------------|-----------------------|
| Employee          | \$ 0.00           | \$17.50     | \$17.50               |
| Employee/spouse   | \$ 7.64           | \$33.14     | \$40.78               |
| Employee/children | \$13.72           | \$36.16     | \$49.88               |
| Full Family       | \$21.34           | \$51.80     | \$73.14               |

# How Dental Plus Works

Under Dental Plus, reimbursement is based on what your dentist charges, up to the maximum Dental Plus allowance. That allowance is based on what most dentists in South Carolina charge for particular services.

This means that your dental expenses will probably fall within these allowances, and you will only be responsible for paying the deductible and coinsurance. If your dentist charges more for covered services than Dental Plus allows, **you** will be responsible for paying the difference unless your dentist has agreed to accept the Dental Plus allowance.

EIP offered agreements to all South Carolina dentists to accept the lesser of their usual charge or the Dental Plus maximum allowances. You can find the list of dentists that have accepted the agreement on the EIP Web site ([www.eip.sc.gov](http://www.eip.sc.gov)). If your dentist chooses not to participate, Dental Plus will still pay benefits. Your level of benefits will not be reduced if your dentist does not participate. However, you may have more out-of-pocket expense.

The **combined** annual maximum benefit for both the State Dental Plan and Dental Plus is \$1,500 per covered person (compared to \$1,000 with the State Dental Plan alone).

There are no additional deductibles and coinsurance under Dental Plus. However, there *is* a deductible under the State Dental Plan. That amount is \$25 per covered person annually for dental services under Class II and Class III. The maximum deductible for family coverage is for three persons, or \$75.

## Claim Examples (using Class III procedure claims)

Under the State Dental Plan and Dental Plus, Class III dental benefits are paid at 50 percent of the allowance. Examples of how the two plans operate together, based on a crown (resin with predominant base metal), are illustrated below.

|  |   |   |
|--|---|---|
| <b>When Dentist's Charge Does Not Exceed Dental Plus Allowance</b> | Dentist's charge for Class III procedure..... | \$680.00  |
|  | State Dental Plan (SDP) benefit.....          | \$174.50 (50% of \$349 <sup>1</sup> )                                 |
|  | Dental Plus (DP) benefit.....                 | \$343.00 (50% of \$686 <sup>2</sup> )                                 |
|  | Maximum reimbursable amount.....              | \$340.00 (50% of dentist's charge or DP allowance, whichever is less) |
|  | Maximum reimbursable amount .....             | \$340.00  |
|  | SDP benefit.....                              | -\$174.50   |
|  | Remaining reimbursable amount.....            | \$165.50  |
|  | Dental Plus benefit.....                      | -\$165.50   |
|  | Dentist's charge.....                         | \$680.00  |
|  | Total benefits paid.....                      | -\$340.00   |
|  | Patient owes.....                             | \$340.00 <sup>3</sup>   |
|  |   |   |
| <b>When Dentist's Charge Exceeds Dental Plus Allowance</b>         | Dentist's charge for Class III procedure..... | \$800.00  |
|  | State Dental Plan (SDP) benefit.....          | \$174.50 (50% of \$349 <sup>4</sup> )                                 |
|  | Dental Plus (DP) benefit .....                | \$343.00 (50% of \$686 <sup>5</sup> )                                 |
|  | Maximum reimbursable amount.....              | \$343.00 (50% of dentist's charge or DP allowance, whichever is less) |
|  | Maximum reimbursable amount.....              | \$343.00  |
|  | SDP benefit.....                              | \$174.50  |
|  | Remaining reimbursable amount.....            | \$168.50  |
|  | Dental Plus benefit.....                      | -\$168.50   |
|  | Dentist's charge.....                         | \$800.00  |
|  | Total benefits paid.....                      | -\$343.00   |
|  | Patient owes.....                             | \$457.00 <sup>6</sup>   |
|  |   |   |

<sup>1</sup>\$349 is the allowance for this procedure under the State Dental Plan.

<sup>2</sup>\$686 is the allowance for this procedure under Dental Plus.

<sup>3</sup>Without Dental Plus, the patient would owe \$505.50 in this example.

<sup>4</sup>\$349 is the allowance for this procedure under the State Dental Plan.

<sup>5</sup>\$686 is the allowance for this procedure under Dental Plus.

<sup>6</sup>Without Dental Plus, the patient would owe \$625.50 in this example.

## Expenses Not Covered

The same dental expenses that are not covered by the State Dental Plan are also not covered under Dental Plus. Please refer to pages 79-82 of this guide for a list of some of the excluded dental expenses. The dental plan document, which is available at your benefits office, lists all of the exclusions.

### Orthodontic Services

Dental Plus does not cover orthodontic services.

## How to File a Claim

Since claims will be filed with BlueCross BlueShield of South Carolina, you will not have any additional claim forms to fill out. BlueCross BlueShield will process your dental claims under the State Dental Plan first and then under Dental Plus (if you are enrolled in Dental Plus). Refer to page 77 of the State Dental Plan section for detailed information on filing a dental claim.

## Survivors

### Death of an Employee or Retiree

When an active employee dies, you as a surviving family member, should contact the deceased's employer to report the death, end dental coverage and begin survivor coverage (if applicable). If a retiree dies, contact EIP.

### If You Are a Survivor

If you are a covered spouse or child of a deceased employee or retiree covered by the plan, you can continue your Dental Plus coverage. However, you must pay the full premium to do so.

If you are the survivor of an active or retired employee, you must contact EIP to enroll. If you are a surviving spouse, you can continue coverage until you re-marry. If you are a dependent child, you can continue coverage until you are no longer eligible as a dependent.

If you are no longer eligible for coverage as a survivor, you may be eligible to continue Dental Plus coverage under COBRA. Contact EIP for details.

## When Your Coverage Ends

### Coverage Termination

Your Dental Plus coverage will end:

- On the last day of the month you leave your employment
- On the last day of the month you enter a class of employees not eligible for coverage (for example, a change from full-time to part-time status)
- On the day after your death

- On the date Dental Plus ends for all employees
- If you do not pay the premium when it is due (For example, if you are on leave without pay or on COBRA and are paying full cost, you must make a monthly payment.)

Dependent coverage will end:

- On the date your coverage ends
- On the date Dental Plus no longer offers dependent coverage
- On the last day of the month your dependent is no longer eligible for coverage

If your coverage or your dependent's coverage ends, you may be eligible for continuation of coverage as a retiree, as a survivor or under COBRA. If you are dropping a dependent from your coverage, you must complete an NOE within 31 days of the date the dependent is no longer eligible for coverage.

### **If You Are on Leave Without Pay**

You can continue your coverage for up to 12 months if you are on leave without pay as long as you pay the premiums. The leave of absence must be approved by your employer or must be a result of injury or sickness. For information on Family Medical Leave, contact your benefits administrator.

### **COBRA**

COBRA is short for the Consolidated Omnibus Budget Reconciliation Act. It requires that continuation of group insurance coverage be offered to you and your dependents if you are no longer eligible for coverage under this plan.

You can continue your dental coverage for a limited time under COBRA if you and your covered dependents lose coverage because:

- Your working hours are reduced from full-time to part-time
- You voluntarily quit work, are laid off or are fired (unless the firing is due to gross misconduct)
- You are a separated or divorced spouse
- You are no longer eligible as a dependent child.

It is your responsibility to notify your benefits office within 60 days of the date you become divorced or separated, or the date your dependent child becomes ineligible for coverage.

To continue coverage under COBRA, you must complete and return an NOE to EIP within 60 days of the loss of coverage or notification of the right to continue coverage, whichever is later. Coverage will not begin until you have paid a premium.

If you need more information about COBRA, contact your benefits office or EIP.